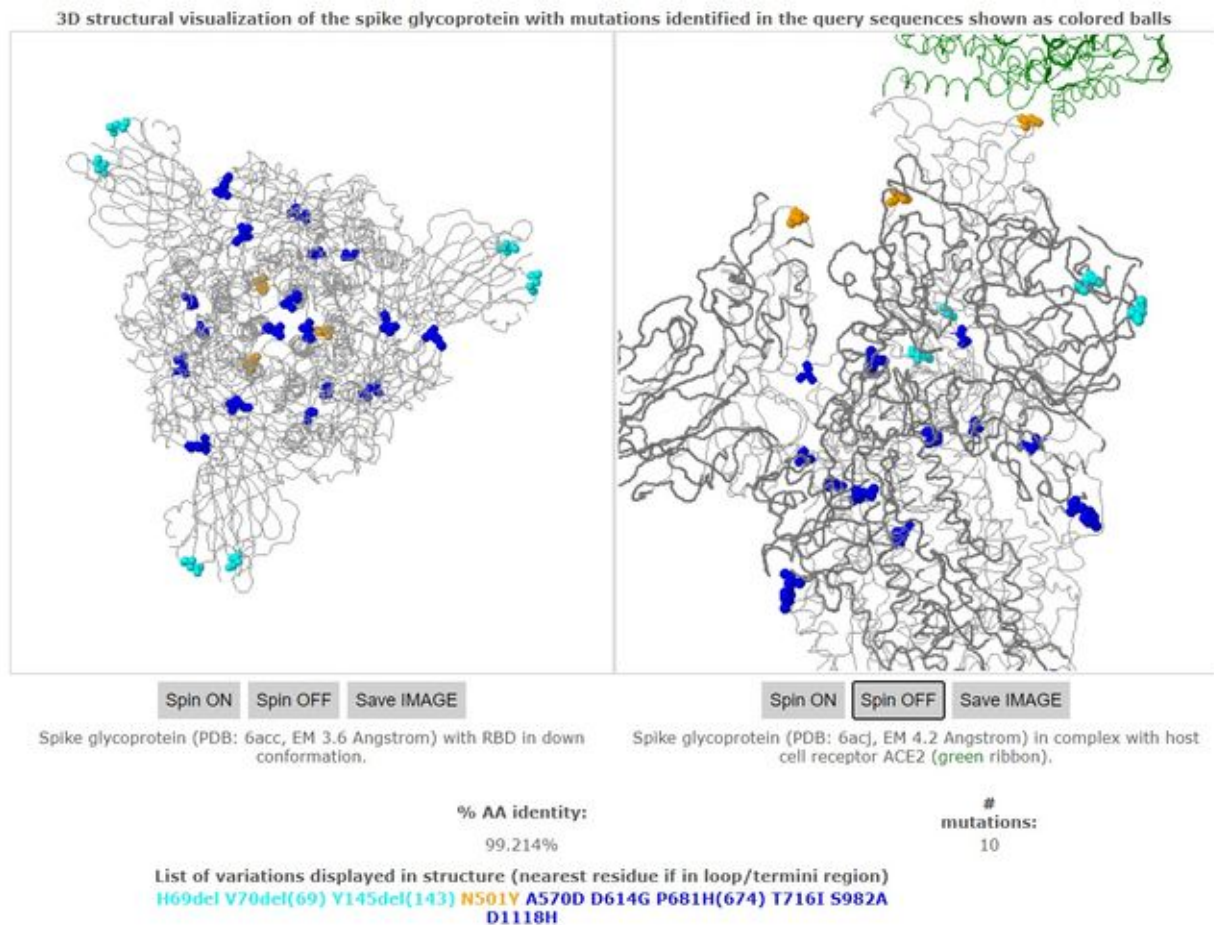


COVID-19 Mutation:

On the 14th December 2020, Public Health England reported a new variant of the SARS-CoV-2 strain, named “VUI – 202012/01” exhibited changes in its spike protein that could induce the infectious capacity of the viral host. Predominately in Kent of South East England, it was revealed that the genome belonging to the lineage had matched over a thousand cases since September 2020.



[\(Source: UK reports new variant, termed VUI 202012/01\)](#)

Now, virus mutations are a common occurrence especially for SARS-CoV-2, which according to the COVID-19 Genomics UK Consortium there has been over 4,000 mutations detected in the glycoprotein alone. What makes “VUI – 202012/01” unique and why the UK Health Secretary believed it was necessary to inform the House of Commons was due to how the mutation behaves differently. Part of UK Her Majesty’s Government advice has relied on ‘NervTag’ (New and Emerging Respiratory Virus Threats), basically acting as an advisory board. Addressing this conference, Professor Neil Ferguson of Imperial College London highlighted that given the high transmission rate among children, it is conclusive that this particular variant has statistically been more evident in infecting and being more susceptible to children. Even with survivors, it

has been suggested that the mutation might make it more dangerous as the antibodies within the blood of survivors might be less effective at combating the virus. UK Prime Minister Boris Johnson has also expressed that “the new strain is 70% more contagious than the original strain”.

This same SAGE academic also warns that this will possibly become the new mainstream strain circulating globally, as of December 21st 2020 outside the Great Britain region it has been confirmed in Denmark, Gibraltar, Netherlands, Australia, Italy and Belgium. For the United Kingdom, this mutation has accounted for roughly 60% of new infections and is evident in all union countries except Northern Ireland. Already especially for Christmas, new strict lockdown measures have already been reimposed for England, Scotland and Wales.

Across the United Kingdom, travel has been restricted between England and Scotland whilst the lockdown measures mimic the same as previously done earlier in the year, aiming to confine the population to remain locally. Changes were also amended such as via *The Health Protection (Coronavirus, Restrictions) (All Tiers and Obligations of Undertakings) (England) (Amendment) Regulations 2020*, aiming to introduce another tier of restrictions for 32 London boroughs and the City of London.

Similar to Australia where it saw an outbreak in the Northern Beaches of Sydney with this new mutated strain, most states have already commenced stricter domestic border restrictions for entry, mostly targeting those leaving from Sydney. The state similar to the tier system in the United Kingdom has been parodied in a similar manner, with “Green Zones” for the rest of New South Wales whilst designating the metropolitan areas such as Sydney an “Orange Zone”. For people living in the Northern Beaches where the outbreak originated from, this has been declared a “Red Zone” which has been reserved exclusively for it’s mandatory home quarantine measures.

(in my opinion) The New South Wales government has done a much better job in handling the outbreak. Why? Well for starters from a standpoint where lockdown measures are only implemented to the relevant ‘disaster sites’ and engaging in a way where minimal harmful disruption occurs elsewhere across the state. For states like Victoria, cases in the city that occurred (after they let people congregate like it was no big deal), was enough to shut down the economy and livelihoods for the ENTIRE state. To put it simple, imagine a fire burning down in one building yet you decide that everyone should embrace the same consequences by making it a state-wide issue. This basically means, even if you are someone living in a rural town acting safely whilst wearing a mask, hand sanitizing and social-distancing you’d still be banned from going outside despite it already being illegal for anyone outside to enter your town. Victoria imposed both a state-wide mandatory 5km and 25km radius “bubble” during 2020 where basically nobody could travel outside this range (from residence, workplace) without a valid reason, regardless of whether an active case was present or not in your proximity.

Many countries have already terminated all travel routes between the United Kingdom, and whilst efforts in Australia to impose travel bans domestically have occurred, there has already been spreads of the mutated virus already. A 15-year old girl was identified with the first case of this new strain in Victoria (after a 53 day streak of no cases in Victoria) after driving from the New South Wales Red Zone, making one brief stopover in Gundagai, NSW.

Let's turn our attention to how the World Health Organization reports on this new strain:

Risk assessment tool to inform mitigation measures for international travel in the context of COVID-19

Annex to: Considerations for implementing a risk-based approach to international travel in the context of COVID-19

16 December 2020



Background

This document provides detailed guidance on how to implement risk mitigation measures for the gradual resumption of international travel in the context of COVID-19 by conducting a risk assessment using a mixed-methods approach, including both quantitative and qualitative data.

This risk assessment methodology is most useful for destination countries experiencing community transmission, for which the primary concern is to not overwhelm health system capacity, not to eliminate transmission.

This tool should be read in conjunction with the WHO interim guidance documents "Considerations for implementing a risk-based approach to international travel in the context of COVID-19" and "Considerations for implementing and adjusting public health and social measures in the context of COVID-19" (1).

It should be noted that this tool is subject to piloting exercises, which may result in its updating and upgrading. It may be refined based on user experience.

[Source](#): Risk Assessment Tool to Inform Mitigation Measures for International Travel In the Context of COVID-19

Well for starters most notably the World Health Organization issued this interim guidance to all member-states, which to be fair is a suitable improvement given last time a virus outbreak started, they were urging against any travel measures due to "racism". But of course because it's a western country, then it's politically correct to limit potentially exposed individuals. It has also urged that all member-states "*assess their level of local transmission and apply appropriate prevention and control activities including adapting public health and social measures as per WHO guidance*". According to World Health Organization Public Health and Social Measures standards, statutory restrictions aren't necessary if there are no known transmissions over 28-days, while in the worst case scenario the following is recommended at 'Situational Level 4'. How each respective sovereign state decides to take this into consideration and respond is at their own discretion. Some member-states might implement public policy entirely using the suggested templates of the WHO, while others might simply focus alone on initiating measures themselves without external influence.

Table 2: Guidance on the implementation of PHSM for each level of severity

Situational Level	Considerations for implementation of PHSM by Situational Level*
<p>Situational Level 0: No known transmission of SARS-CoV-2 in the preceding 28 days. The health system and public health authorities are ready to respond, but there should be no restrictions on daily activities</p>	<p>At this level, surveillance should ensure that any new case can be detected and managed as early as possible, but there should be no restrictions on daily activities.</p> <p>Authorities may consider implementing the following measures:</p> <ul style="list-style-type: none"> • Continue strengthening emergency preparedness and response, ensuring adequate stockpiles of medicines and medical equipment and that sufficient staff have been recruited and trained to handle anticipated surges in workload. • Individuals should apply basic individual precautionary measures and behaviours such as hand hygiene,⁶ cough etiquette, staying home / wearing a mask⁷ if unwell and voluntary physical distancing. • Robust surveillance⁸ should be in place to rapidly detect and investigate suspected cases and clusters⁹ and ensure public health measures such as isolation and quarantine¹⁰ are undertaken to reduce onward spread if cases are confirmed and contacts are traced, respectively. • Travel outside the area should be permitted as per national policy; attention should be paid to the risk of introduction of the virus into the area by travellers from higher incidence areas. • Clear information should be provided to the public about what to do if unwell and whom to contact for advice, testing and/or treatment.
<p>Situational Level 4: An uncontrolled epidemic with limited or no additional health system response capacity available, thus requiring extensive measures to avoid overwhelming of health services and substantial excess morbidity and mortality.</p>	<p>At this level, reducing transmission in the community will be challenging, and more stringent movement restrictions and related measures may need to be put in place to significantly reduce the number of in-person encounters. Such measures should be geographically limited to where needed, be time-bound and aimed to be as short as reasonably possible.</p> <p>In addition to measures on emergency preparedness and response and surveillance, individual precautionary measures and risk communications, authorities may consider implementing the following measures:</p> <ul style="list-style-type: none"> • Individuals should stay at home and limit social contact with people outside the household. • Essential workers will need to continue activities, with maximum support and safety measures in place. • Closure of non-essential businesses or remote working. • Consider all options for continuity of in-person learning. If not possible, limit in-person contact. This may include in person teaching, blended or remote learning strategies that strictly limit the number of people physically on site (exceptions would include children of essential workers and their teachers). The closure of educational facilities should only be considered when there are no other alternatives. • All long-term care and other residential facilities should consider strict measures to limit the risk of infection, such as prohibiting in-person visitors.

[Source:](#) WHO Considerations in Adjusting Public Health and Social Measures Guidance (November 2020)

Most peculiarly, how the mainstream media reported this new mutated strain seems a bit too familiar, I mean fair enough that we can't just go around alarming the public but for now we are here for facts not opinions.



What does this remind me of? Seemingly the same strategy that was applied early in 2020 by the World Health Organization and how they convinced the world to downplay everything. Now that's not to say that the current information provided about the current mutated virus is true or false, it may as well absolutely be nothing, but in science you can't always confirm every theory. In the modern world, natural science has basically become the most dictating "religion" in the sense it acts as the highest set of philosophical theory into unanswered questions. Remember, through history many religious groups had the mentality that they couldn't respect any conflicting beliefs and it was their responsibility to silence or denounce it. This is similar to what is being called a "major campaign against disinformation" with vast censorship into anything challenging the narrative. And even if you credit your sources with maybe an economist, sociologist or any other form of expert, of course you are told that survival is the only priority.

"We would not at all be surprised to see, coincidentally, vaccination happening and then having someone pass away a short time after they receive a vaccine, not because it has anything to do with the vaccination but just because that's the place where people at the end of their lives reside," Moore said.



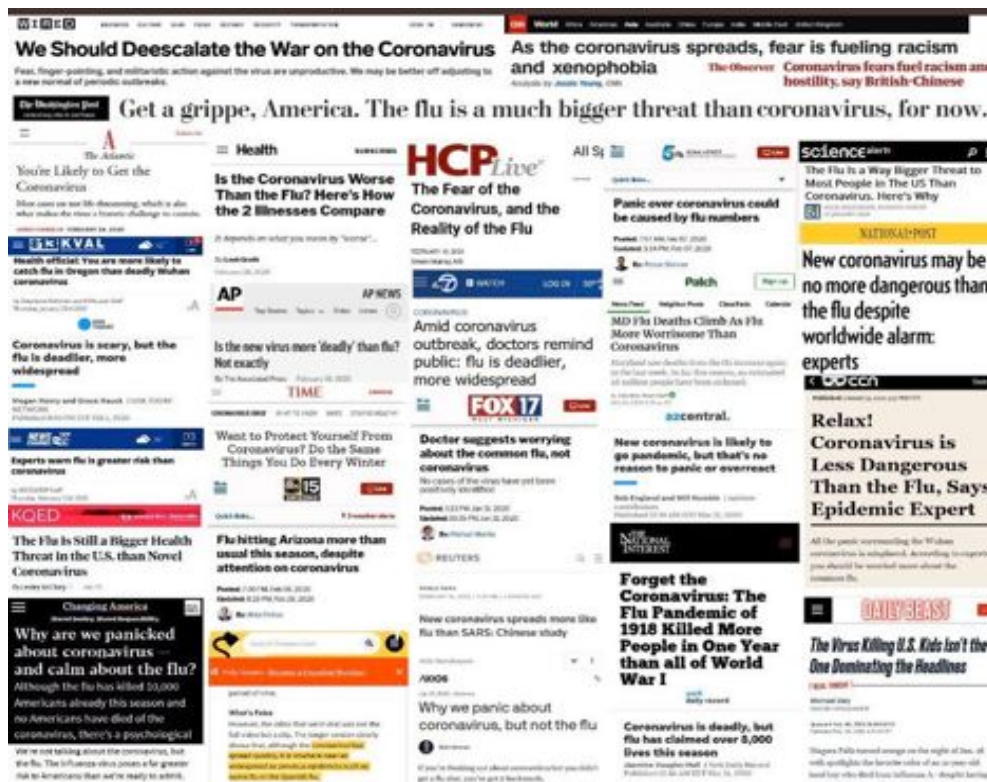
Related Article: Nursing home and assisted living workers face Covid-19 surge — as they cope with grief

"One of the things we want to make sure people understand is that they should not be unnecessarily alarmed if there are reports, once we start vaccinating, of someone or multiple people dying within a day or two of their vaccination who are residents of a long-term care facility. That would be something we would expect, as a normal occurrence, because people die frequently in nursing homes."

On Tuesday, the American Health Care Association and the National Center for Assisted Living applauded the CDC advisory committee's 13-1 vote to recommend prioritizing their residents.

(Source: CNN interviewing Kelly Moore associate director of the Immunization Action Coalition, tells people not to worry if many people start dying)

During 2020, you basically had unelected scientists who could dictate the entire course of current affairs and yet they are ritually observed and obeyed as if they are a prophet. And that could also mean using science to advance to suit whatever agenda you might have wanted, similar to how religion might be exploited to conduct attacks or justify actions.



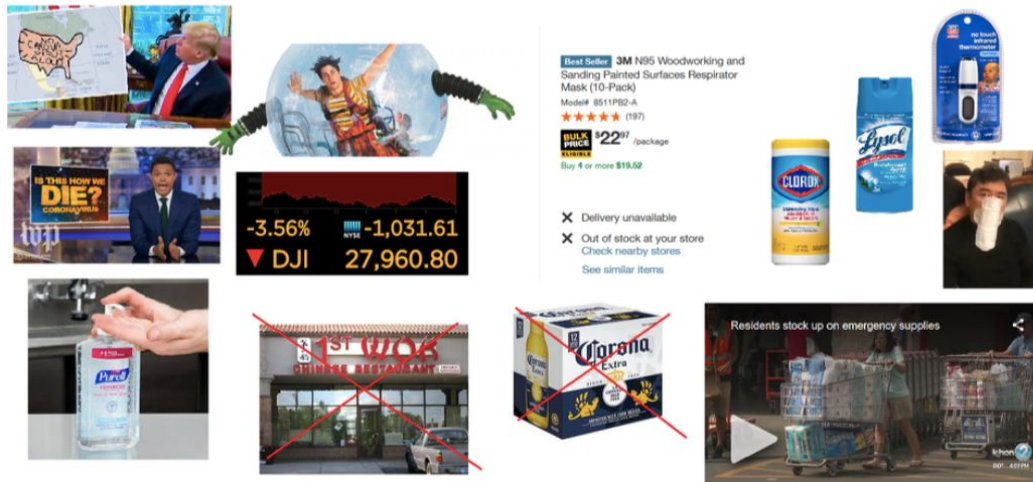
Chances are this has happen with you, or that you have witnessed such reasonable talking points:



- **"I heard there's a new unknown virus in China that is spreading around the world"** - You are told that it's harmless and no worse then the flu (because a novel virus that was recently discovered will have no history of any deaths in previous years). Any attempt to take precautions, you are told that you have been watching too many biased news outlets that are trying to blow the whole thing out of proportion. Also you are racist for trying to question the Chinese Government's role in the outbreak.
- **"I feel like the World Health Organization didn't handle this crisis adequately, and the governments that took their own unique approach made the best decision"** - You are told that if a government dared to step out of line from the international community, they are suddenly "anti-science" or aren't doing anything correctly to combat the pandemic. Even any conflicting scientific studies that contradicted their narrative was also somehow "misinformation" or "brainwashing". Any excuse to why there has been a change in the narrative is simply dismissed as "updated scientific research" or justifies a "necessary lie for the greater good".
- **"I understand the importance of exercising greater caution during the pandemic, however I am concerned regarding the government restricting my ability to earn enough money to support my family"** - Ok let's be real, many only started to take caution when it personally affected them. You can't get sick by attending a political protest of your choice or going to wherever you deem suitable. But god forbid that if you had economic concerns, you are considered a greedy person who wants people to die.
- **"Sounds like a nice day to go fishing with a small group in an isolated lake while socially distancing in a speedboat"** - These people remind me of those kids who always go out of their way during class to snitch on others on trivial things that really don't matter. Did you do anything small even by mistake that might have gone against safety guidelines?, suddenly you are now viewed as if you are some mass-murderer. As long as someone is simply acting responsibly and unlike those fuckwits who do coughing on people pranks on TikTok, they are still human beings just trying their best to go on with living. Don't always assume the worst in people!
- **Virtually during the early stages of the pandemic, you had shit like this appearing on your social media feed: (these were actually legit ones i got myself)**

Starterpack for a #Coronavirus fearmonger



Coronavirus Panic Starterpack



  this flu season has seen 8,000 deaths and 150,000 hospitalisations in the US, with 0 coronavirus deaths. And yet their news is bombarded with the coronavirus. It's fear-mongering for views.

So why would they want to promote a narrative that it's harmless or nothing to worry about? Using the precedent of when the COVID-19 pandemic started and the only available information was from China, this could have been very well an attempt to maintain international standing.

Let's assume they are correct and it's nothing to worry about, then chances are during the pandemic things continue as normal. But given that statistically there has been a greater frequency of infections among young people then basically now other than the elderly or those with underlying conditions, you have another large subset of people at higher risk. It also comes at a very poor time as covid-19 vaccinations begin being authorised for usage, they have only been developed to respond appropriately in adults and teenagers. To throw in a tip, a vaccine suitable for children (mostly aged below 12) will be unlikely to be ready or existent until late 2021. So now you're basically stuck with a whole at-risk population that cannot receive any vaccine protection in the event an outbreak of this mysterious mutated virus occurs in your local area.

Remember that vaccines are administered differently depending on age, because different quantities are used as the immune system. The ultimate aim of vaccines is to ensure that minimal antigens are inserted to trigger a memory immune response without getting someone sick. Having a higher dosage of a vaccine where it exceeds the capability that a human body can respond, basically means the body will react in the same manner (often the reason why symptoms of any vaccine occurs). Most vaccines are always continuously in development furthermore given that mutations do frequently occur (which is why it's recommended by health professionals to receive a flu shot yearly). Some vaccines such as the MMR vaccine for measles only require to be used once or twice, and would give lifetime protection. However, the measles that is around during the 21st century is equally the same virus and disease that existed back in the 1930s. While it does have a high set of genetic variations expected of a single-stranded RNA virus, mutations that have occurred the measles virus genome through time have not reduced the protective immunity induced by measles vaccines.

Assuming that recent research and development has been able to practically design a vaccine suitable for any extent of mutations, then it's a good outcome but if not then you basically have a vaccine only suitable for the old version. It's true that getting vaccinated doesn't always guarantee 100% certainty that you won't get sick, but again not being vaccinated basically means you are more likely to be sick given your immune system has not memorised how to safeguard itself. Note that even a vaccine that has been authorised for emergency use is still technically experimental and most likely will rely on testing on a large population first to evaluate effectiveness.

Reasonable to question, there's a new mutated spike protein of the virus that reacts differently, so how could the vaccine be able to train the immune system even to respond to an unknown variant? It will however be able to produce antibodies that still target the proteins, so even a slight mutation is less likely to minimize its effectiveness although some slight ongoing alterations might be needed

It's like why many people might have prioritized getting a flu shot despite it not directly catering to coronaviruses. In terms of getting a flu shot early especially during 2020 is not just useful, but

you really don't want to be exhibiting the same symptoms or having both diseases at the same time.

But for now the very least we can do is continue taking precautionary measures as normal (especially if you come into contact with an active case) such as wearing face-masks, social distancing, washing hands and quarantining if sick etc. Yes we heard this and it might be cheesy to hear what has been parroted repeatedly but also be sure to use common sense. And of course think about preparing your immune system until you might choose or not to get vaccinated, such as enough Vitamin D, drinking plenty of water and being healthy all of that good shit. And if you do ever get infected, then you'll know what symptoms can be cross-referenced to confirm the disease before getting tested, and the treatment options available (assuming the black hats in the deep state and big pharma don't try and stop it).

Source:

BMJ 2020;371:m4857 : <https://doi.org/10.1136/bmj.m4857> (Published 16 December 2020)

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<https://doi.org/10.1093/infdis/jir065>

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